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CONFIRMATION NO. 3007

SERIAL NUMBER 10/808,146	FILING DATE 03/24/2004  RULE	CLASS 514	GROUP ART UNIT 1624	ATTORNEY DOCKET NO. PHA-01640/0/US
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/460,124 04/03/2003

*OK*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None OK*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/16/2004

Foreign Priority claimed <input type="checkbox"/> yes, <input checked="" type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 0	TOTAL CLAIMS 70	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes, <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>OK</i>				

## ADDRESS

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## TITLE

Substituted pyrimidinones

FILING FEE  RECEIVED 1800	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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